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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/771,935      | 02/05/2004  | Samuel Alan Johnson  |                     | 3769             |

26582 7590 08/15/2007  
HOLLAND & HART, LLP  
P.O BOX 8749  
DENVER, CO 80201

EXAMINER

LAUX, JESSICA L

ART UNIT PAPER NUMBER

3635

MAIL DATE DELIVERY MODE

08/15/2007

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

|               |                 |
|---------------|-----------------|
| Mail Ledger   | 8-21-07         |
| Docketed by   | mc              |
| Due Date      | 9-15-07         |
| Client Matter | 16473830008-UCB |

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## NOTICE REQUIRING EXCESS CLAIMS FEES

The excess claim(s) filed on 8/13/07 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of ONE (1) MONTH or THIRTY (30) DAYS from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$\_\_\_\_\_ or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- ☐ 1. The funds in Deposit Account No. \_\_\_\_\_ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☐ 2. The Credit Card payment to cover the entire fee due to Account \_\_\_\_\_ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- ☒ 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- ☒ 4. The fee submitted in this application is insufficient. A balance of \$ 100.00 is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- ☐ 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

\_\_\_\_\_

\_\_\_\_\_

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

W Brown

(571) 272- 6577

Technical Support Staff (TSS)

Note to TSS: Please do NOT use this notice if the application is under a final rejection.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10771935

## CLAIMS AS FILED - PART I

|                                  | (Column 1)     | (Column 2)               |
|----------------------------------|----------------|--------------------------|
| TOTAL CLAIMS                     | 8              |                          |
| FOR                              | NUMBER FILED   | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 8 minus 20 = * | 0                        |
| INDEPENDENT CLAIMS               | 3 minus 3 = *  | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |                | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 385.00 |
| XS 9=     | 1      |
| X43=      | 1      |
| +145=     |        |
| TOTAL     | 386    |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 770.00 |
| XS18=     |        |
| X86=      |        |
| +290=     |        |
| TOTAL     |        |

## CLAIMS AS AMENDED - PART II

|  | (Column 1) | (Column 2)                       | (Column 3)                         |
|--|------------|----------------------------------|------------------------------------|
| AMENDMENT A                                    | 8/13/07    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total  | 8          | Minus                            | 20                                 |
| Independent                                    | 4          | Minus                            | 3                                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                  | <input type="checkbox"/>           |

Due

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
| 100   | 100            |
| +145= |                |
| TOTAL | 100            |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

|  | (Column 1) | (Column 2)                       | (Column 3)                         |
|--|------------|----------------------------------|------------------------------------|
| AMENDMENT B                                    |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total  | *          | Minus                            | **                                 |
| Independent                                    | *          | Minus                            | ***                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                  | <input type="checkbox"/>           |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
| X43=  |                |
| +145= |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

|  | (Column 1) | (Column 2)                       | (Column 3)                         |
|--|------------|----------------------------------|------------------------------------|
| AMENDMENT C                                    |            | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total  | *          | Minus                            | **                                 |
| Independent                                    | *          | Minus                            | ***                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                  | <input type="checkbox"/>           |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
| X43=  |                |
| +145= |                |
| TOTAL |                |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.